

**DECLARATION AND POWER OF ATTORNEY
UNDER 35 USC §371(c)(4) FOR
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: PLANAR ELECTRON EMITTER (PEE)

described and claimed in international application number PCT/DK99/00323 filed 11 June 1999.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

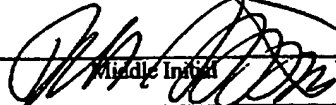
The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Costantino, Reg. No. 33,565; and Stephen J. Roe, Reg. No. 34,463.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.L.C., P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor	Petr	VISCOR
		Given Name	Family Name
2	Inventor's Signature		
3	Date of Signature	12	2000
		Month	Year
	Residence:	Jystруп	Denmark
		City	Country
	Citizenship:	Slovakia	
	Post Office Address: (Insert complete mailing address, including country)	Skjoldenaesvej 17, DK-4174 Jystруп, Denmark	

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

(Discard this page in a sole inventor application)

1 **Typewritten Full Name
of Joint Inventor**

2 **Inventor's Signature:**

3 **Date of Signature:**

Residence:

Citizenship:

Post Office Address:
(Insert complete mailing
address, including country)

Niels Ole NIELSEN
Given Name Middle Initial Family Name
DEC 14 2000
Month Day Year
Silkeborg Denmark
City State or Province Country

1 **Typewritten Full Name
of Joint Inventor**

2 **Inventor's Signature:**

3 **Date of Signature:**

Residence:

Citizenship:

Post Office Address:
(Insert complete mailing
address, including country)

Armin DELONG
Given Name Middle Initial Family Name
12 16 2000
Month Day Year
Brno Czech Republic
City State or Province Country

1 **Typewritten Full Name
of Joint Inventor**

2 **Inventor's Signature:**

3 **Date of Signature:**

Residence:

Citizenship:

Post Office Address:
(Insert complete mailing
address, including country)

Vladimir KOLARIK
Given Name Middle Initial Family Name
12 16 2000
Month Day Year
Brno Czech Republic
City State or Province Country

1 **Typewritten Full Name
of Joint Inventor**

2 **Inventor's Signature:**

3 **Date of Signature:**

Residence:

Citizenship:

Post Office Address:
(Insert complete mailing
address, including country)

Given Name Middle Initial Family Name
Month Day Year
City State or Province Country

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

PTO RECEIPT FOR FILING OF PAPERS

The following papers have been filed:

PCT Trans. Ltr. & Ck 114866 \$65, Decl.

Name of Applicant: Petr VISCOR et al.

Serial No.: 09/700,463

Atty. File No.: 107872

Title (New Cases):

Sender's Initials: JAO/cmm

11/1/39

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PATENT OFFICE DATE STAMP



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AND RETURNED BY MESSENGER**

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